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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/025,183
Filing Date	December 19, 2001
First Named Inventor	Von Arx, Jeffrey
Group Art Unit	3762
Examiner Name	Manuel, George

Sheet 1 of 1

Attorney Docket No: 279.391US1

**US PATENT DOCUMENTS**

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date if Appropriate
GM	US-20030018369A1	01/23/2003	Thompson, D. L., et al.	07/17/2001
	US-20050283208A1	12/22/2005	Von Arx, J. A., et al.	06/17/2004
	US-20060025834A1	02/02/2006	Von Arx, J. A., et al.	10/05/2005
	US-5,476,488	12/19/1995	Morgan, W. A., et al.	12/15/1993
	US-6,577,900	06/10/2003	Silvian, S.	05/29/2001
GM	US-6,993,393	01/31/2006	Von Arx, J. A., et al.	12/19/2001

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	T <sup>2</sup>
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**OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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EXAMINER

/George Manuel/

DATE CONSIDERED

07/24/2006

Substitute Disclosure Statement Form (PTO-1449)

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